

## **Supplemental Application Data Sheet**

### **Application Information**

<u>Application number::</u>	<u>10/594,343</u>
<u>Filing Date::</u>	<u>03/11/05 (Int'l)</u>
Application Type::	Regular
Subject Matter::	Utility
<u>Suggested Group Art Unit::</u>	<u>1626</u>
<u>CD-ROM or CD-R?::</u>	<u>None</u>
<u>Sequence submission?::</u>	<u>None</u>
<u>Computer Readable Form (CRF)?::</u>	<u>No</u>
Title::	ANTIVIRAL 4-AMINOCARBONYLAMINO- SUBSTITUTED IMIDAZOLE COMPOUNDS
Attorney Docket Number::	<u>BHC-03-1095584212006900</u>
<u>Request for Early Publication?::</u>	<u>No</u>
<u>Request for Non-Publication?::</u>	<u>No</u>
<u>Small Entity?::</u>	<u>No</u>
<u>Petition included?::</u>	<u>No</u>
<u>Secrecy Order in Parent Appl.?::</u>	<u>No</u>

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Holger
Middle Name::	
Family Name::	ZIMMERMANN
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State or Province of Residence::	
Country of Residence::	Germany

Street of mailing address:: ~~Katernberger Schulweg 53~~Am Elisabethheim 7  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: ~~42113~~42111

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: David  
Middle Name::  
Family Name:: BRÜCKNER  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: Germany  
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City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: Germany  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Dirk  
Middle Name::  
Family Name:: HEIMBACH  
City of Residence:: Düsseldorf  
State or Province of Residence::

Country of Residence:: Germany  
Street of mailing address:: An der Kaiserburg 13  
City of mailing address:: Düsseldorf  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 40629

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name::  
Family Name:: HENDRIX  
City of Residence:: Odenthal  
State or Province of Residence::  
Country of Residence:: Germany  
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City of mailing address:: Odenthal  
State or Province of mailing address::  
Country of mailing address:: Germany  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Kerstin  
Middle Name::  
Family Name:: HENNINGER  
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State or Province of Residence::

Country of Residence:: Germany  
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City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 42115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Guy  
Middle Name::  
Family Name:: HEWLETT  
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State or Province of Residence::  
Country of Residence:: Germany  
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Country of mailing address:: Germany  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Ulrich  
Middle Name::  
Family Name:: ROSENTERTER  
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Postal or Zip Code of mailing address:: ~~42349~~ 31619

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Jörg  
Middle Name::  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Dieter  
Middle Name::  
Family Name:: LANG  
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State or Province of Residence::

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State or Province of mailing address::  
Country of mailing address:: Germany  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Martin  
Middle Name::  
Family Name:: RADTKE  
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State or Province of Residence::  
Country of Residence:: Germany  
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Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: 40699

### **Correspondence Information**

Correspondence Customer Number:: ~~35969~~25225

### **Representative Information**

Representative Customer Number:: ~~35969~~25225

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP05/002571	11 March 2005

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority claimed::
DE	102004015007.9	26 March 2004	yes

### Assignee Information

Assignee name: ~~Bayer HealthCare AG~~ **AiCuris GMBH & Co. KG**

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